



1643 AF

Patent Attorney's Docket No. <u>012679-066</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	AF RECEIVED							
Hyun Su KIM et al	) Group Art Unit: 1643 JUN 1 3 2001							
Application No.: 09/486,392	Examiner: S. Foley TECH CENTER 1600/2900							
Filed: June 15, 2000	) )							
For: ATTENUATED JAPANESE ENCEPHALITIS VIRUS ADAPTED TO VERO CELLS AND A JAPANESE ENCEPHALITIS VACCINE	) ) ) )							
AMENDMENT/REPLY TR	RANSMITTAL LETTER							
Assistant Commissioner for Patents Washington, D.C. 20231								
Sir:								
Enclosed is a reply for the above-identified pat	Enclosed is a reply for the above-identified patent application.							
[ ] A Petition for Extension of Time is also	A Petition for Extension of Time is also enclosed.							
<del></del>	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.							
[ ] Also enclosed is	<u> </u>							
[ ] Small entity status is hereby claimed.	Small entity status is hereby claimed.							
	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).							
[ ] Applicant(s) previously submitted _ requested.	_, on, for which continued examination is							
exceed three months from the filing of th	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
[ ] A Request for Entry and Consideration of (146/246) is also enclosed.	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.							
[X] No additional claim fee is required.								

Amendment/Reply Transmittal Letter Application No. <u>09/486,392</u> Attorney's Docket No. <u>012679-066</u> Page 2

[ ] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIMS		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	12	MINUS 20 =		× \$18.00 (103) =	
Independent Claims	1	MINUS 3 =		× \$80.00 (102) =	
If Amendment adds mu					
Total Amendment Fee					
If small entity status is o					
TOTAL ADDITIONA	L FEE DUE	FOR THIS AMEN	DMENT		

Į	J	A claim fee in the	amount of \$	is enclosed.
[	]	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: June 11, 2001

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